

**Pender County Extension Master Gardener Volunteer Association  
Scholarship Application Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of scholarship requested: \_\_\_\_\_ Total amount of class: \_\_\_\_\_

Title of class: \_\_\_\_\_

Date of class: \_\_\_\_\_ Date funds are needed: \_\_\_\_\_

Describe the botanical, horticultural and environmental value of this educational opportunity:

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Describe the personal and/or community impact of this educational opportunity:

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A brochure or other formal informational description of the educational opportunity must be attached to application. If approved, the check will be made payable to the educational provider.

I have read the scholarship application guidelines and understand that within 45 days of completion of the educational opportunity I will submit an impact statement to PCEMGVA.

**All applications must be received a minimum of 90 days prior to the educational opportunity.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_